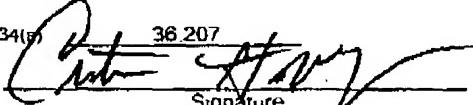


PTO/SB/22 (08-03)

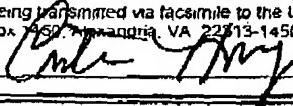
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) BGNB129CP2DV2CN
	In re Application of Jeffrey L. BROWNING et al.	
	Application Number 10/040281-Conf. #9658	Filed November 7, 2001
	For Lymphotoxin-B, Lymphotoxin-B Complexes, Pharmaceutical Preparations And Therapeutic Uses Thereof	
	Art Unit 1635	Examiner S. McGarry
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired).		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,010.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080		
I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number _____		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 36207		
March 26, 2004		Signature 
Date		Signature _____
(617) 227-7400		Cristin E. Howley, Reg. No. 55,281 for Amy E. Mandragouras
Telephone Number		Typed or printed name _____
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.		
<input type="checkbox"/> Total of 1 forms are submitted		

I hereby certify the enclosed documents referred are being transmitted via facsimile to the U.S. Patent and Trademark Office, and addressed to Commissioner for Patents, Post Office Box 1450, Alexandria, VA 22313-1450, Facsimile No. (703) 872-9306, on the date shown below.
 Dated: March 26, 2004

Signature  (Cristin E. Howley)